



CERTIFICATION of IDENTITY DESIGNATION of REPRESENTATIVE USER AUTHORIZATION REQUEST and REQUIREMENTS

Requirements and Request for School District and Charter School Access Idaho State Department Of Education Data System Applications

In compliance with the Family Educational Rights and Privacy Act (FERPA), the Statewide Longitudinal Data System (SLDS) shields unauthorized users from accessing data that is made available by various Idaho State Department of Education (SDE) software applications.

To ensure proper security measures for access to SDE applications, the SDE requires that each School District Superintendent and Charter School Administrator complete, sign and submit to the SDE, a Certification of Identity and Acknowledgment of Status as User Authorization Authority. Access to SDE applications by users authorized by the school district or charter school is contingent upon the submission of this required form. The completed form should be emailed to the SDE's IT Support Desk at support@sde.idaho.gov, by the Superintendent or Charter School Administrator. The original version of the completed and signed form must be mailed within fourteen calendar days of the email to:

Idaho State Department of Education

650 West State Street, Suite 343

Boise, ID 83720.

Each School District Superintendent and Charter School Administrator is responsible for granting access for the district's or charter school's users to SDE applications, ensuring that each user has a legitimate "educational interest" in the student and the student's data to which access is being granted, and for ensuring that any re-disclosures of information by such users comply with all applicable state and federal statutes and regulations.

By completing the sections below, District Superintendents and Charter School Administrators acknowledge their understanding of the conditions regarding data access and establishing of authorized delegates for the District/Charter management of data access through SDE applications.

Penalties, including but not limited to, data system access denial, may be imposed for the failure to act in a manner that is in accordance with the conditions above. Sharing of user account information (i.e. usernames and passwords) by an authorized individual to others is prohibited.

CERTIFICATION of IDENTITY

I, _____, holding the position of

Superintendent - Charter School Administrator (circle one) hereby certify that I have received, read, and agree to the conditions in the Requirements and Request for School District and Charter School Access to Idaho State Department Of Education Data System Applications document (Page 1), and the information submitted below is true and correct.

Superintendent or Charter School Administrator Information:

Printed Name: _____

District Name and Number: _____

School District Business Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Date: _____

All District Superintendents or Charter School Administrators must complete this form to gain access to SDE data systems. Superintendents, from your email address, please email completed forms to support@sde.idaho.gov and mail the original, **signed** forms, to SDE (Idaho State Department of Education 650 West State Street, Suite 343 Boise, ID 83720).

DESIGNATION of REPRESENTATIVE

A District Superintendent or Charter School Administrator may delegate authorization and management duties to users of SDE data system applications to a Designated Representative, who must be an employee of the school district or charter school. The Superintendent or Charter School Administrator making a delegation, however, shall be responsible for the acts, or failure to act, of the designated representative. In cases of such delegation, the respective School District Superintendent or Charter School Administrator and the respective Designated Representative must complete, sign and submit the Certification of Identity form (Page 2), Designation of Representative form (Page 3) and Representatives Certificate of Acknowledgement form (Page 4). The completed forms should be emailed to the SDE's Idaho State Department of Education at support@sde.idaho.gov from the Superintendents email address. The completed and **signed** forms must be mailed within fourteen calendar days of the email to:

Idaho State Department of Education
650 West State Street, Suite 343
Boise, ID 83720.

I, _____, holding the position of Superintendent \ Charter School Administrator (circle one), hereby delegate authority for my school district or charter school the responsibility for the establishment and management of user access to SDE data systems as outlined in the Requirements and Request For School District And Charter School Access to Idaho State Department of Education Data System Applications (Page 1) to _____, who holds the organizational position of _____. I certify that I have distributed and reviewed the Requirements and Request for School District and Charter School Access to Idaho State Department of Education Data System Applications document (Page 1) with my Designated Representative, and instructed the Representative to complete the Representative's Certificate and Acknowledgement form (Page 4).

Superintendent / Charter School Administrator Signature:

District: _____

Date: _____

This form is required if the Superintendent or Charter Administrator desires to designate someone to manage local user access permissions to SDE data systems other than themselves. Superintendents, please email completed forms to support@sde.idaho.gov, and mail the original, signed forms within fourteen calendar days of the email, to SDE (Idaho State Department of Education, 650 West State Street, Suite 343 Boise, ID 83720).

REPRESENTATIVE'S CERTIFICATE of ACKNOWLEDGEMENT FORM

I, _____, holding the position of

_____ hereby certify and acknowledge that the District

Superintendent or Charter School Administrator of _____ (District or Charter School name)

has authorized me to act as their agent for the purpose of establishing and maintaining Idaho State Department of Education data application user access authorization permissions as described within the Requirements and Request For School District and Charter School Access (Page 1) . I have read the Requirements and Request for School District and Charter School Access to Idaho State Department of Education Data System Applications (Page 1) and agree to the conditions therein.

Printed Name of Designated Representative

Signature of Designated Representative

District or Charter School Name/number

Phone Number/Email Address

Date: _____

If the Superintendent or Charter Administrator chooses to delegate their SDE user access management responsibilities, the Designated Representative must complete this form. Please email to support@sde.idaho.gov and mail the original, signed form within fourteen calendar days of the email, to SDE (Idaho State Department of Education 650 West State Street, Suite 343 Boise, ID 83720).

Education Unique ID (EDUID) User Authorization

Printed Name of Authorized Representative

Date

District or Charter School Name and State Number

Signature of Authorized Representative

The People listed below have my permission to access the Education Unique ID Application on behalf of my school district or Charter School

Person 1 Name

Person 1 Email Address

Person 1 Phone Number

Person 2 Name

Person 2 Email Address

Person 2 Phone Number

Person 3 Name

Person 3 Email Address

Person 3 Phone Number

This form is required for user access to the EDUID application; it must be completed by the District Superintendent, Charter School Administrator, or their Designated Representative.